

SURVIVOR BENEFIT PLAN ELECTION CERTIFICATE <i>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)</i>		Reserved for Service Use Only		
		a	b	c
		d	e	f
SECTION I - INFORMATION CONCERNING MEMBER RETIRING AFTER 21 SEP 72				
1. Last name, first, M.I.	2. Social Security No.	3. Retirement date	4. Rank or grade	5. Date of birth
SECTION II - MARITAL, DEPENDENCY, AND ELECTION STATUS				
6. Are you married? Yes No 7. Do you have dependent children? Yes No 8. Check one of the following to indicate the type of coverage you desire: a. Spouse only b. Spouse and children c. Children only d. Natural person with insurable interest (may be elected only if you have no spouse and/or children) e. None		9a. If you checked 8a, b, or c, do you elect to provide an annuity based on the full amount of retired pay or on a reduced portion of retired pay? <div style="text-align: center;">FULL REDUCED</div> 9b. If you want to provide a reduced annuity, show the amount of retired pay (base amount) upon which you want the annuity computed. \$ _____ 9c. <i>*(See instructions on reverse)</i> <input type="checkbox"/> Option A (Defer) Option B (Age 60) Option C (Immediate coverage)		
IMPORTANT: The decision you make with respect to participation in this Survivor Benefit Plan is a permanent irrevocable decision. Please consider your decision and its effect very carefully.				
SECTION III - FAMILY INFORMATION <i>(List additional names on reverse)</i>				
10. Name of spouse (Last, first, M.I.)		11. Spouse Social Security No.	12. Spouse date of birth	
13. Place of marriage (City, County, State, Country)			14. Date of marriage	
15. I have the following unmarried dependent children under age 22 (or over age 22 and incapable of self-support because of a disability incurred before age 18 or, after age 18 but before age 22 while attending school).				
15a. Last name, first, M.I.	15b. Social Security No.	15c. Date of birth	15d. Relationship (natural, step, adopted, foster)	
SECTION IV - INSURABLE INTEREST COVERAGE				
16. If you are unmarried and have no dependent children, and you checked item 8d, complete this section with information pertaining to the person you want to receive an annuity who has an insurable interest in you.				
17. Last name, first, M.I.		17a. Social Security No.	17b. Relationship	
17c. Mailing address			17d. Date of birth	
SECTION V - ADDITIONAL INFORMATION				
18. Is this the only election of coverage you have submitted under the new Survivor Benefit Plan? <div style="text-align: center;">Yes No</div>				
SECTION VI - SIGNATURES				
Signature of retiree		Signature of witness		Date

***ITEM 9c.** (This item applies only to Reserve and National Guard members who have been notified that they have completed the required years of recognized Federal service to be eligible for retired pay upon application at age 60.)

INSTRUCTIONS FOR ITEM 9c - YOU SHOULD ELECT ONE OF THE OPTIONS OFFERED UNDER ITEM 9c. THE FOLLOWING IS AN EXPLANATION OF EACH OPTION:

OPTION A - I DECLINE TO MAKE AN ELECTION AT THIS TIME.
(I will remain eligible to make an election for coverage at age 60.)

OPTION B - I ELECT TO PROVIDE AN ANNUITY BEGINNING ON THE 60TH ANNIVERSARY OF MY BIRTH SHOULD I DIE **BEFORE** THAT DATE, OR ON THE DAY AFTER DATE OF DEATH SHOULD I DIE ON OR **AFTER** MY 60TH BIRTHDAY.

OPTION C - I ELECT TO PROVIDE AN IMMEDIATE ANNUITY BEGINNING ON THE DAY AFTER DATE OF MY DEATH, WHETHER BEFORE OR AFTER AGE 60.

NOTE: If retiree does not elect option B or C at this time, and should die before age 60, the survivors will not receive benefits under Public Law 95-397.

SIGNATURE OF RETIREE	RETIREE'S SSN	DATE
SIGNATURE OF SPOUSE (if married)	SPOUSE'S SSN (if applicable)	DATE

MONTHLY COST AND ANNUITY

Spouse only (no eligible children). Cost of coverage is 2 1/2 percent of the first \$300, plus 10 percent of any designated retired pay in excess of \$300. If a child becomes eligible, cost of coverage will be increased as determined in the next section. The increase in cost is effective the first day of the month following eligibility of such child.

Spouse and eligible children. The cost of coverage will be 2 1/2 percent of the first \$300 of the base amount plus 10 percent of the remainder plus a slight additional charge for children's coverage that will vary depending on your age, your wife's age, and the age of your youngest child. The additional charge should generally be about one-half of one percent of the amount of retired pay designated.

Eligible children only (no spouse). The cost of coverage will vary depending on your age and the age of your youngest child but should generally be about 3 percent of the amount of retired pay designated.

Cost reduction - children. When all children cease to be eligible for an annuity, the additional cost for child coverage shall stop. The reduction in cost is effective the first day of the month following that in which the last child ceases to be eligible for an annuity.

Natural interest person. Cost of coverage is 10 percent of full retired pay, plus an additional 5 percent of full retired pay for each full five years that your age exceeds that of the natural interest person. The total cost may not exceed 40 percent of retired pay.

Annuity - spouse and/or eligible children. Full coverage provides an annuity of 55 percent of retired pay. Reduced coverage provides an annuity of 55 percent of the reduced amount elected.

Annuity - natural interest person. The annuity payable is 55 percent of retired pay remaining after cost of coverage has been subtracted.

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 92-425, 21 Sep 72; 10 USC, Chapter 73, Subchapter II, Survivor Benefit Plan; E.O. 9397.

PRINCIPAL PURPOSE(S): To allow military personnel to elect to participate in the Survivor Benefit Plan. Also used by retirees, who retired subsequent to Sep 20th, 1972, to enroll in the Survivor Benefit Plan at less than maximum limit.

ROUTINE USES: Used by the Uniformed Services to validate and record level of participation in the plan and to act upon individual's request for Survivor Benefit Plan coverage.

DISCLOSURE: Disclosure is voluntary, however, the information is necessary to administer the above law. Without it, retirees could not enroll in the Survivor Benefit Plan at less than the maximum limit. In addition, failure on the part of Reserve and National Guard members to elect one of the options under item 9c would result in forfeiture of dependents' coverage under the Survivor Benefit Plan.

MAILING INSTRUCTIONS